Signs of ovarian torsion, CT pelvis showed the cyst and confirmed ovarian torsion.

**Results** Urgent laparoscopic surgery was done and we found the left ovarian pedicle torted 5 times with a pedicle of para-tubal cyst which was making 5 loops around the ovarian pedicle and torted together. Detorsion done and the para-tubal cyst was removed with its pedicle and signs of revascularization was observed in the left ovary histopathology result showed cyst excision benign cystic structure with ciliated epithelium and fibromuscular wall—consistent with dilated fallopian tube segment.

**Conclusion** This case suggests that a paratubal cyst should be included in the differential diagnosis of pelvic masses, especially in the reproductive age. A paratubal cyst may mimic an ovarian cyst preoperative.
Introduction/Background Perioperative morbidity is an undesirable but critical issue for gynecologic cancer patients. It may cause delay in subsequent treatment and escalate the cost of postoperative management. Various studies have identified potential risk factors for postoperative morbidity in non-gynecologic surgery. The aim of this study was to assess the pattern of perioperative complications for diagnosed or suspected gynecological malignancy and to identify risk factors for morbidity and mortality within 30 days.

Methodology A prospective observational study of patients who underwent major surgery for diagnosed or suspected gynecological malignancy from November 2019 to December 2021. Details of age, BMI, comorbidities, ASA status, preoperative hemoglobin, serum albumin, surgery, and complications were collected. Clavien-Dindo grade II-V post-op complications were included in the analysis. Univariable and multivariable regression was used to identify predictors of complications.

Results A total of 348 women were included in the analysis. The median age was 56 yrs, and 9.5% had an ASA grade ≥3. One hundred and thirty-five patients had carcinoma endometrium, 173 patients had carcinoma ovary, 7 patients underwent radical hysterectomy for carcinoma cervix and 33 patients had other pathologies. Intraoperative complications were reported in 61 patients with the majority being intraoperative hemorrhage (78.6%). Clavien-Dindo grade 2 or more postoperative morbidity was reported in 95 patients (27.3%) among whom 79 patients had grade 2 complications. Nine patients had grade 3 complications and 7 had grade 4 complications. On analysis, the independent predictors for perioperative morbidity were the complexity of surgery (p-value 0.47) and ASA score ≥3 (p-value 0.037).

Conclusion The independent predictors for perioperative morbidity in gynecological malignancy were the extent of surgical resection and the ASA status of the patient irrespective of age, BMI, or other comorbidities.